

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

June 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447 Subpart C

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 93,333

b. FFY 2000-2001 \$ 256,667

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A Part 1 Page 179(a)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-A Part 1 Page 179(a)

10. SUBJECT OF AMENDMENT:

HICA Unit Volume Adjustment

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H., Dr. P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

June 30, 2000

16. RETURN TO:

New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED:

DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL:

PREPARED BY:

Kelly

APPROVED BY:

Director

New York  
179(a)

86-1.64 (4/00)  
Attachment 4.19A  
Part I

(b) Notwithstanding any inconsistent provision of this section, Medicaid per diem rates of reimbursement for inpatient psychiatric services provided on or after June 1, 2000 through August 31, 2001, by general hospitals located in a county with a population under three hundred thousand, shall reflect a disregard of volume for any rate reductions due to volume adjustments attributable to a physically separate unit licensed by the New York State Office of Mental Health to treat mentally ill chemically addicted persons which commenced operating prior to March 31, 2000.

(c)[(b)] Case mix adjustment for exempt units other than designated AIDS centers. The operating cost component of per diems paid to exempt hospitals and units other than designated AIDS centers shall be adjusted to reflect case mix changes in admissions to the hospital between 1987 and the rate year.

TN **00-27** Approval Date JUN 05 2001  
Supersedes TN **95-06** Effective Date 06/01/00